

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.
10/019177

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3					1	
4					1	
5						1
6						1
7						1
8						1
9						1
10						1
11						1
12						1
13						1
14						1
15				①		
16				①		
17				①		
18				①		
19				①		
20				①		
21						
22						①
23						①
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48						
49						
50						
TOTAL IND.			1			
TOTAL DEP.		↔	21	↔		↔
TOTAL CLAIMS			22			

*			*		
IND.	DEP.	IND.	DEP.	IND.	DEP.
51					
52					
53					
54					
55					
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96					
97					
98					
99					
100					
TOTAL IND.			1		
TOTAL DEP.		↔	21	↔	↔
TOTAL CLAIMS			22		↔

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS